

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 625103 FILING DATE _____
APPLICANT(S) _____

CLAIMS	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/				
2	/	/					52	/				
3	/						53					
4	/						54	/				
5	/						55					
6	/						56	/	/			
7	/						57	/				
8	/						58	/				
9	/						59	/				
10	/						60	/				
11	/						61	/				
12	/						62	/				
13	/						63	/				
14	/						64	/				
15	/						65	/	/			
16	/						66	/	/			
17	/						67					
18	/						68					
19	/						69					
20	/						70					
21	/						71					
22	/						72					
23	/						73					
24	/						74					
25	/						75					
26	/						76					
27	/						77					
28	/						78					
29	/						79					
30	/						80					
31	/						81					
32	/						82					
33	/						83					
34	/						84					
35	/						85					
36	/						86					
37	/						87					
38	/						88					
39	/						89					
40	/						90					
41	/						91					
42	/						92					
43	/						93					
44	/						94					
45	/						95					
46	/						96					
47	/						97					
48	/						98					
49	/						99					
50	/						100					
TOTAL IND.	7						TOTAL IND.	6				
TOTAL DEP.	43						TOTAL DEP.	30				
TOTAL CLAIMS	50						TOTAL CLAIMS	37				